Thank you for your interest in opening a business account with OnPath Federal Credit Union. Please provide the following information regarding your business and desired services.

### Business Information

<table>
<thead>
<tr>
<th>Business Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Identification Number (EIN):</td>
<td>Member # (if applicable):</td>
</tr>
</tbody>
</table>

**Type of Entity:**
- [ ] Sole Proprietor
- [ ] LLC
- [ ] Corporation
- [ ] General Partnership
- [ ] Limited Partnership
- [ ] Association/Club
- [ ] Limited Liability Partnership
- [ ] Organization
- [ ] Non-Profit

**Type of business (Goods/Services provided):**

Does your business involve any of the following?
- [ ] Sale/Exchange of Virtual Currency
- [ ] Sale of Branded Cards
- [ ] Check Cashing
- [ ] Transmittal of Money on Customer’s Behalf
- [ ] Foreign Currency Exchange
- [ ] Money Orders

**What is the primary source of deposited funds?**

Do you act as an intermediary between your clients and the bank performing services or arranging for services on your client’s behalf? E.g. lawyers, accountants, investment brokers, etc.

- [ ] Yes
- [ ] No

**If yes, what services do you provide?**
- [ ] Accounting
- [ ] Funds Management
- [ ] Insurance
- [ ] Investment Advisory
- [ ] Legal
- [ ] Medical
- [ ] Notary
- [ ] Real Estate
- [ ] Tax Preparation
- [ ] Trust Management

Does your business involve any of the following?
- [ ] Casinos or Gambling Establishments
- [ ] Insurance
- [ ] Loan/Financing
- [ ] Credit Card System Operations
- [ ] Precious Metals, Stones or Jewels
- [ ] Vehicle Sales
- [ ] U.S. Postal Service
- [ ] Real Estate Settlement and Closing
- [ ] Travel Agency
- [ ] Securities, Futures Commissions, or Commodity Trading

Do you own, lease, operate, or replenish an ATM?

- [ ] Yes
- [ ] No

**If yes, are the ATMs:**
- [ ] Owned
- [ ] Leased

If leased, the Lessor is: 

---
ATM Network Provider: _____________________________________________________________

How are ATMs replenished? □ Client □ Lessor □ Third-Party

Third-Party name and address: ______________________________________________________

Source of funds used to replenish the ATM:

□ Member Account(s) □ Cash from Business □ Cash from Lessor □ Other (specify)

If ATM is replenished from member deposit account(s), estimated weekly volume of cash withdrawals: $___________

Account/Membership Information

Type of account requested:

□ Savings □ Checking □ Certificates

Which of the following will your account be used for?

□ Payroll □ Savings □ Credit Card Processing
□ Operational □ Lottery □ Other: __________________

Which types of services do you wish to utilize with this account?

□ Cash Deposits If yes, how much monthly? _____________________________________________
□ Cash Withdrawals If yes, how much monthly? _______________________________________
□ Incoming Wires If yes, what is expected monthly total? _____________________________
□ International Incoming Wires If yes, what countries? _______________________________
□ Outgoing Wires If yes, what is expected monthly total? _____________________________
□ International Outgoing Wires If yes, what countries? ______________________________
□ Check Deposits If yes, what is expected monthly total? _____________________________
□ Check Withdrawals If yes, what is expected monthly total? _________________________
□ Monetary Instruments If yes, what is expected monthly total? _______________________
□ ATM Deposits If yes, what is expected monthly total? _______________________________
□ ATM Withdrawals If yes, what is expected monthly total? ___________________________
**Certification of Beneficial Owner(s)**

**Persons opening an account on behalf of a Legal Entity must provide the following information:**

a. Name and Title of Natural Person opening account:

   Account #: ___________________

b. Name and Address of Legal Entity for which the account is being opened:


c. The following information for each individual*, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the Legal Entity listed above:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Address (Residential or Business Street Address)</th>
<th>For U.S. Persons: Social Security #</th>
<th>For Foreign Persons: Passport # and Country of Issuance</th>
<th>% of Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>4.</td>
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</tbody>
</table>

*If no individual meets this definition, please enter “Not Applicable” above and explain below (i.e. All <25%; Charity/Non-Profit, etc.):

_________________________________________________________________________________________________

**Beneficial Owner Detail:** As applicable, please explain any layers of Beneficial Ownership, etc. (For example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)

_________________________________________________________________________________________________

_________________________________________________________________________________________________

d. The following information for one individual with significant responsibility for managing the Legal Entity listed above, such as:

   ☐ An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or,

   ☐ Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

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<th>Address (Residential or Business Street Address)</th>
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</table>

I, __________________________ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: __________________________ Date:____________________________

Legal Entity Identifier__________________________________________ (Optional)

---

1 In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.
Beneficial Owner Verification

**For internal use ONLY.**

**Beneficial Owner #1:**
Driver’s License Number, or Other Identifying Document: ______________________________________________________________
State (or Country) of Issue: ______________________ ; Issue Date: ______________________ ; Expire Date: ______________________
Secondary Form of Identification: ________________________________________________________________
☐ OFAC Check Comments (if applicable): ________________________________________________________________

**Beneficial Owner #2:**
Driver’s License Number, or Other Identifying Document: ______________________________________________________________
State (or Country) of Issue: ______________________ ; Issue Date: ______________________ ; Expire Date: ______________________
Secondary Form of Identification: ________________________________________________________________
☐ OFAC Check Comments (if applicable): ________________________________________________________________

**Beneficial Owner #3:**
Driver’s License Number, or Other Identifying Document: ______________________________________________________________
State (or Country) of Issue: ______________________ ; Issue Date: ______________________ ; Expire Date: ______________________
Secondary Form of Identification: ________________________________________________________________
☐ OFAC Check Comments (if applicable): ________________________________________________________________

**Beneficial Owner #4:**
Driver’s License Number, or Other Identifying Document: ______________________________________________________________
State (or Country) of Issue: ______________________ ; Issue Date: ______________________ ; Expire Date: ______________________
Secondary Form of Identification: ________________________________________________________________
☐ OFAC Check Comments (if applicable): ________________________________________________________________

**Individual with Control:**
Driver’s License Number, or Other Identifying Document: ______________________________________________________________
State (or Country) of Issue: ______________________ ; Issue Date: ______________________ ; Expire Date: ______________________
Secondary Form of Identification: ________________________________________________________________
☐ OFAC Check Comments (if applicable): ________________________________________________________________

**Comments:**
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________